



## APPLICATION FOR BULKY WASTE AND TRANSFER STATION PERMIT

DATE:  /  /  LAST NAME:  FIRST:

ADDRESS:     
Number Street City  
  -  TELEPHONE: (  )  -   
State Zip

ADDRESS OF PROPERTY IF NON-RESIDENT:

VEHICLE 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	YEAR	MAKE	MODEL	MARKER NUMBER	CAPACITY (LBS)
VEHICLE 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	YEAR	MAKE	MODEL	MARKER NUMBER	CAPACITY (LBS)
VEHICLE 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	YEAR	MAKE	MODEL	MARKER NUMBER	CAPACITY (LBS)

EMAIL ADDRESS:

I certify that the information above is accurate to the best of my knowledge. In addition, I understand that my permit may be revoked if I fail to comply with all applicable Ordinances and Rules and Regulations regarding the use of the Transfer Station and Curbside Bulky Waste Collection, or if this permit application contains false information.

Signature of Applicant

FOR OFFICE USE ONLY - Check all that apply:

Entered:  /  /

☐ Address Ck. ☐ Registration Ck. ☐ Senior ☐ **CLASS 1** ☐ **CLASS 2** FEE PAID: ☐ \$35 ☐ \$15 ☐ Cash ☐ Check ☐ Credit Card ☐ MO

Check No:  Drivers License No:  Expiration:  /  /